



CITY OF SANTA CLARA

PROCEDURE FOR FILING A CLAIM AGAINST THE CITY

1. Claims, pursuant to Government Code §810, and following, for money or damage to persons and/or property (real and personal) must be **filed with the City Clerk**, City of Santa Clara, 1500 Warburton Avenue, Santa Clara, California 95050. Claims must be mailed or hand delivered. The City Clerk's Office is open from 8:00 AM to NOON and 1:00 PM to 5:00 PM Monday through Friday. Claims will not be accepted for filing during the noon hour.
2. The attached claim form is provided for your convenience. Please read it carefully and supply as much information as possible. The Government Code requires certain information be submitted in a claim against a public entity. The attached form is intended to assist you in complying with those requirements.
3. Upon receipt, a copy of the claim is forwarded to the City's Claims Adjuster, George Hills Company, Inc., 2875 Moorpark, Suite 130, San Jose, California 95128. **George Hills Company may be contacted directly at (408) 260-2030, for questions regarding status of a claim.** Claimants are usually contacted within two weeks after the date of filing a claim. The original claim form is filed in the City Clerk's Office and is a public record available for public inspection.
4. Acceptance of a claim by the City must not be viewed as an admission of fault or responsibility by the City. Submission of the attached claim form (or any other claim form) is intended only to start the City's claim evaluation process. The claim evaluation process takes time to gather the facts about the incident and evaluate the legal issues.

There is a multiple step analytical process which follows submission of a claim. The City's claims adjuster must:

- a. Confirm the Claimant has suffered the claimed loss, injury, or damage (collectively referred to as "loss").
- b. Ascertain whether or not the City is legally responsible for that loss.
- c. Determine if there was any culpability (comparative negligence, assumption of risk, etc.) attributable to the Claimant, and, if there was culpability, evaluate its impact on the amount of the claim.
- d. In cases where an item is damaged, determine the depreciated value of that item. (The City, in a manner similar to common insurance company practice, does not pay replacement value for an item.)



CLAIM AGAINST THE CITY OF SANTA CLARA

(For Damages to Persons or Personal Property)

City Clerk's Office Date Stamp

Received By: _____

Via: U.S. Mail _____

Interoffice Mail _____

Over the Counter _____

Other _____

(Please do not write above this line – for City use only)

A claim must be filed with the City Clerk of the City of Santa Clara within six months* after which the incident or event occurred. Be sure your claim is against the City of Santa Clara not some other public entity. Where space is insufficient, please use additional paper and identify the information by paragraph number. Your completed claim (original) must be mailed or delivered to: **City Clerk, City of Santa Clara, 1500 Warburton Avenue, Santa Clara, California 95050.**

TO THE HONORABLE MAYOR AND CITY COUNCIL OF THE CITY OF SANTA CLARA:

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1	NAME OF CLAIMANT			DATE OF BIRTH	
	ADDRESS OF CLAIMANT		CITY	STATE	ZIP CODE
	HOME PHONE	WORK PHONE	DRIVER'S LICENSE STATE AND NUMBER		
2	SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and telephone number if not same as name and address listed above.) _____ _____				
3	DATE AND TIME OF INCIDENT		SPECIFIC ADDRESS OF INCIDENT (Address)		
4	BASIS OF CLAIM (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim.) _____ _____				
5	CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.) _____ _____				

*One year for a claim relating to any cause of action for other than death, injury to person or to personal property, or growing crops." Government Code §911.2

6	NAME OF CITY EMPLOYEE WHO ALLEGEDLY CAUSED INJURY OR LOSS												
7	DESCRIPTION OF CLAIMANT'S INJURY, PROPERTY DAMAGE, OR LOSS (If there were no injuries, state "NO INJURIES".) _____ _____												
8	OTHER INJURED PERSONS (List names and addresses.) _____ _____												
9	<p>DAMAGES CLAIMED: Amount of Claimant's damage or loss and method of computation. Include copies of bills, invoices, estimates, etc. Note: If your claim is for more than \$10,000, you need not fill in an amount but you must state whether jurisdiction for the claim would be in the Limited jurisdiction (up to \$25,000) or Unlimited jurisdiction of the Superior Court.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 70%; text-align: center;">ITEMS</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">TOTAL AMOUNT:</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> <p>Court Jurisdiction: (Check one)</p> <p style="text-align: center;"> Limited Civil: <input type="checkbox"/> Unlimited Civil: <input type="checkbox"/> </p>			ITEMS		_____	\$ _____	_____	\$ _____	_____	\$ _____	TOTAL AMOUNT:	\$ _____
ITEMS													
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
TOTAL AMOUNT:	\$ _____												
10	WITNESSES, HOSPITALS, DOCTORS, ETC. (List names and addresses.) _____ _____												

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code §72).

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____, 20 _____ at _____.

Claimant's Signature